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AUTHOR and SUBJECT Catalogs

of the Library of

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At the end of 1967, fully cataloged items in the Library of The New York Academy of Medicine included 365,000 bound volumes and 165,000 pamphlets, as well as portraits and other non-book materials. Included also are the cards for thousands of foreign medical theses and several thousand bound volumes which have been sent to the Medical Library Center of New York.

In addition to the entries for journals, monographs, government documents, historical materials and reference tools, the catalogs contain an extraordinary amount of additional information in analytics. Here may be found the contents of the important German Handbuchen and Festschriften, journal supplements and issues devoted to a single subject, proceedings of congresses and symposia of substance which might be published also as separate publications, and small notices whose information would not otherwise be available.

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Because anxiety varies widely from patient to patient, and even in the same individual, Librium (chlordiazepoxide HCI) is supplied in various dosage strengths to suit the level of anxiety. Thus, during periods of acute emotional stress, the patient may need 25 mg Librium t.i.d. for relief. In mild to moderate anxiety, smaller doses of 5 or 10 mg, given three or four times daily, usually suffice.

The resulting improvement in outlook is a characteristic benefit of Librium therapy, utilized as an adjunct to your counsel and reassurance. Another advantage: Librium may also be used concomitantly with certain specific medications of other classes of drugs, whenever anxiety is a significant component of the clinical profile.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Indicated when anxiety, tension and apprehension are significant components of the clinical profile. Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring com-

plete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses. use caution in administering to addictionprone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy. lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards. Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically. Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are

reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema. minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dvscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy. Usual Daily Dosage: Individualize for maximum beneficial effects. Oral-Adults: Mild and moderate anxiety and tension, 5 or 10 mg t.i.d. or q.i.d.; severe states, 20 or 25 mg t.i.d. or g.i.d. Geriatric patients: 5 mg b.i.d. to q.i.d. (See Precautions.)

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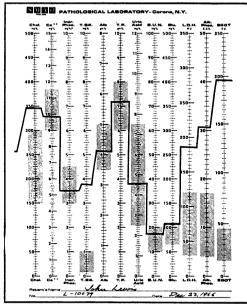
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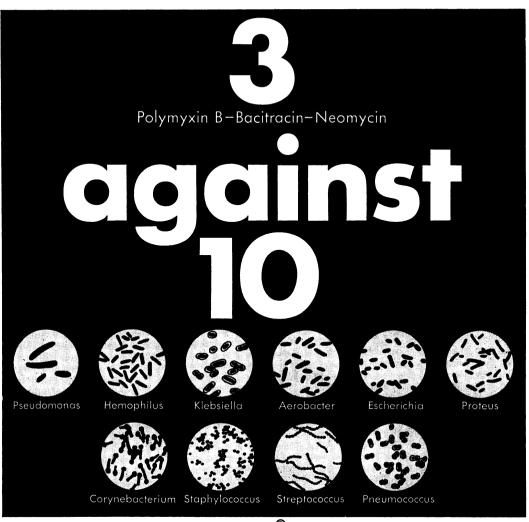
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Precautions: As with other antibiotic products,

prolonged use may result in overgrowth of nonsusceptible organisms, including fungi. Appropriate measures should be taken if this occurs. Articles in the current medical literature indicate an increase in the prevalence of persons allergic to neomycin. The possibility of such a reaction should be borne in mind.

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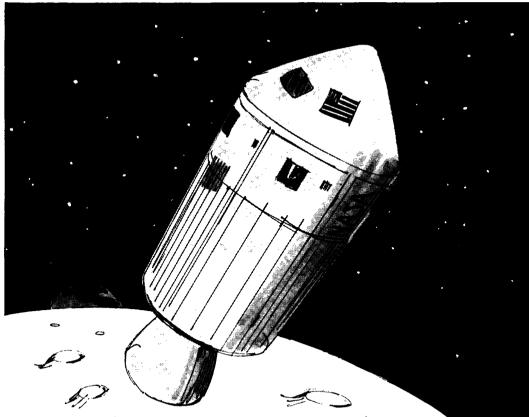
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One hundred per cent of all travelers

who have traveled 200,000 miles or more away from home have relied on Lomotil to control diarrhea.

When your patients need a reliable antidiarrheal — at home or away from home — rely on Lomotil.

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- gastroenteritis
- acute infections
- · functional hypermotility

Warnings: Lomotil should be used with caution in patients taking barbiturates and, if not contraindicated, in patients with cirrhosis, advanced liver disease or impaired liver function.

Precautions: Lomotil is a federally exempt narcotic with theoretically possible addictive potential at high dosage; this is not ordinarily a clinical problem. Use Lomotil with considerable caution in patients receiving addicting drugs. Recommended dosages should not be exceeded, and medication should be kept out of reach of children. Since of accidental overdees of children. Signs of accidental overdosage may include severe respiratory depression, flyshing, lethargy or coma, hypotonic reflexes, nystagmus, pinpoint pupils, tachy-

- · irritable bowel
- ileostomy
- · drug-induced diarrhea

cardia; continuous observation is necessary. The subtherapeutic amount of atropine sulfate is added to discourage deliberate overdosage.

overdosage.

Adverse Reactions: Side effects reported with Lomotil therapy include nausea, sedation, dizziness, vomiting, pruritus, restlessness, abdominal discomfort, headache, angioneurotic edema, giant urticaria, lethargy, anorexia, numbness of the extremities, atropine effects, swelling of the gums, euphoria, depression and malaise. Respiratory depression and coma may occur with overdosage. overdosage.

Dosage: The recommended initial daily dosages, given in divided doses until diarrhea is controlled, are as follows:

TABLETS/LIQUID

Each Lomotil tablet and each 5 cc. of

Children

0	
3-6 mo,	(.)
6-12 mo	(.)
1-2 yr 1/2 tsp. 5 times daily (5 mg	ţ.)
2-5 yr	(.)
5-8 yr, 1 tsp. q.i.d. (8 mg	(.)
8-12 yr 1 tsp. 5 times daily (10 mg	(.)
Adults: 2 tsp. 5 times daily (20 mg	(.)
or 2 tablets q.i.	d.

*Based on 4 cc. per teaspoonful

Maintenance dosage may be as low as onefourth the initial daily dosage.



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SKINNER, HENRY A.

The Origin of Medical Terms 2nd ed. x, 438 pages, illus., references, a chart of the Greek Alphabet. (1961) Reprinted with corrections 1970

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The English language is based on Anglo-Saxon and has been augmented by various additions from other tongues. This base and augmentation has been influenced by a history of invasions, migrations, inventions, etc. Thus the tracking down of the etymological origin of medical terms as used by English speaking people is a difficult and complex problem. Recently corrected, this volume, written in an informal yet informative style, will find acceptance with anyone interested in medical terminology.

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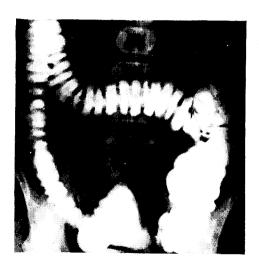
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When disease is ruled out and psychic tension is implicated

Valium[®] (diazepam)

helps relax the patient and relieve his somatic symptoms

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms have occurred following abrupt discontinuance. Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation

or women of childbearing age, weigh potential benefit against possible hazard.

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation, have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

